BIFTH NO.  REG. DIST. NO. STATE  A. COUNTY BOKSOM  1. PLACE OF DEATH A. COUNTY BOKSOM  2. USUAL RESIDENCE (Where deceased lived. It leatisation: realizates between the county of the co	1111 JUL 11 1955	THE DIVISION OF H			40000
1. PLACE OF DEATH  a. COUNTY BC KS OM  D. CITY of weedle corporate limits, write RURAL and give to the common of t		STANDARD CERTI	FICATE OF DEAT	H State File	N. 19087
1. PLACE OF DEATH  a. COUNTY BC KS OM  D. CITY of weedle corporate limits, write RURAL and give to the common of t	BIRTH NO <- * - * - * - * - * - * - * - * - * -	REG. DIST. NO. 150	_ PRIMARY REG. DISTNO	. 5572 Registrar	's No. 115
a. CITY off consider cryponia lindia, write RERAL and give recoverable)  D. CITY off consider cryponia lindia, write RERAL and give recoverable)  STAY is take properly of the sub-position of the converable of t	I. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where deceased lived.	
10. CHO decide convertes limits. write RETAL and give containing the containing of t	a. COUNTY Jacksom		a. STATE Mo.	b. COUNTY	noissimba admission
d. FILL NAME OF at one a benefit of maintains, the states altime or location)  NOSTITUTOR CLASS TO COLOR OF A. (First)  NAME OF A. (First)  D. (Middle)  C. (Last)  C	D. CITY (If outcide corporate limits, write OR TOWN	township) STAY (in this place	OR Kenge		
3. NAME OF DECEASED Claiborne Jackson Crowley Death 6 21 55  5. SEX C.	d. FULL NAME OF (If not in bosnited or	institution, give street address or location)	STREET (	If rural, give location)	1080-
Type or Print  Claiborne   Jackson   Crowley   Death   6   21   55	INSTITUTON CCCT OF CT	, nar bingomo	East	40 Hiway	
S. SEX   G. COLOR OR RACE   7. MARRIED. NEVER MARRIED.   8. DATE OF BIRTH   9. AGE (IL) years of works and provided with the provided state of precise of the precise of the provided state of precise of the	3. NAME OF a. (First) DECEASED	• •	4	4. DATE (Mo	, , , , , , , , , , , ,
Maio Wilte  Marched  10b. KIND OF BUSINESS OR IN POSTMASTER  11b. BIRTHPLACE (City and State or Foreign Country)  11b. BIRTHPLACE (City and State or Foreign Country)  11b. MIRTHPLACE (City and State or Foreign Country)  11b. MAND OF HUSBAND OR WIFE  12b. MAD DECASE VER IN II. S. ARMED FORCES?  12b. MAD THER'S MAIDEN NAME  12b. MAD THE STORY MAIDEN NAME  12b.	(Type or Print) Claiborn				
100. KIND OF BUSINESS OR INCOMPATION (Circultated tools and continuous of worklass life, went if retired)   100. KIND OF BUSINESS OR INCOMPATION (COUNTY)   12. CITIZENOF WHITE COUNTY   13. MOTHER'S MAIDEN NAME   13. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   15. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. NAME OF HUSBAND OR WIFE   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   18. SOCIAL SECURITY   18. MOTHER ON NONE   18. CAUSE OF DEATH of the one, (b), (b), and (c)   18. MOTHER ON NONE   18. SOCIAL SECURITY   18. MOTHER ON NONE   18. SOCIAL SECURITY   18. MOTHER ON NONE   18. CAUSE OF DEATH of the one	5. SEX 6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years of birthday)	onthe Days Hours Min.
dependings most of working life, even if rectired)  3a. FATHER'S NAME  Jim Tom Crowley  SWAS DECASOE EVER IN U.S. ARMED FORCES?  Ven. Bo or unknown)  None  B. CAUSE OF DEATH Inter only one causes per inter only one causes per inter only one causes per inter only one death of service)  *This does not mean the made of during, such sharefulfure, cathenia, it. It means the distantian inter one which caused death.  C. It means the distantian inter one place on which caused death.  C. It means the distantian inter of one place in the state of the district one of of	Da TISHAL OCCUPATION (Charles of the	IN VIND OF DUSINESS OF IN	11. BIRTHPLACE		/ 12 CITIZEN OF WHAT
Jim Tom Crowley  5. WAS DECEASED EVER IN U. S. ARMED FORCES? No  No  No  S. CAUSE OF DEATH Safeto only one one use per line for (a), (b), and (c)  *This does not mean he made of dimin, such the mode of dimin, such the discase of the mode of dimin such the discase of the mode of the discase	done during most of working tife, even if retired Retired	Postmaster Postmaster	(City)		U.S.A.
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NODE  10. SOLUTION OF THE WAS A CLASS OF CONDITION NODE  11. DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (a) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (b) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (a) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (a) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (b) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (a) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (b) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (c) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (a) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (a) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (b) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (c) DISEASE OR CONDITION DIRECTEY LEADING TO DIRECTEY LEADING TO DEATH (c) DISEASE OR CONDITION DIRECTEY LEADING TO DEATH (c) DISEASE OR	Ba. FATHER'S NAME	136. MOTHER'S MAIDE	NAME 14	4. NAME OF HUSBAND OF	₹ ₩IFE
NO NO NO NOM NOM NOM NOM NOM NOM NOM NOM				Pearl Crow	Ley
R. CAUSE OF DEATH    DISEASE OR CONDITION   DIRECTE LEADING TO DEATH*(a)   DIRECTE COLOR OF CONDITION   DIRECTE COLOR OF CONDITION   DIRECTE LEADING TO DEATH*(a)   DIRECTE LEADING TO DEA	5. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS
MEDICAL CERTIFICATION			Mrs Alta In	man Kansas (	City Mo.
Aborbid conditions, if any, giring DUE TO (b)  Aborbid conditions, if any, giring DUE TO (b)  Aborbid conditions, if any, giring DUE TO (c)  Aborbid conditions, if any, giring DUE TO (c)  Aborbid conditions, if any, giring DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Plant DIFF SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Plant DIFF SIGN	18. CAUSE OF DEATH Enter only one cause per   1. DISEASE OR	MEDICAL	CERTIFICATION	10 7	INTERVAL BETWEEN ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE. (Bpecify)  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (COUNTY)  (COUNTY)  (STATE)  NO  21d. TIME (Month) (Day) (feer) (Hour)  21e. INJURY OCCURRED WHILE ATT NOT WHILE TOWN ORK  22. I hereby certify that I attended the deceased from Mork of Awork  22. I hereby certify that I attended the deceased from Mork of Awork  22. I hereby certify that I attended the deceased from Mork of Awork  22. I hereby certify that I attended the deceased from Mork of Awork  22. I hereby certify that I attended the deceased from Mork of Awork  22. I hereby certify that I attended the deceased from Mork of Awork  22. I hereby certify that I attended the deceased from Mork of Awork  22. I hereby certify that I attended the deceased from Mork of Awork of County of County of County of Awork of County of Count	the mode of dying, such as heart failure, asthemia, etc. It means the discussion of the underlying contains the underlying con	ns, if any, giving DUE TO (b)cause (a) stating nuse last.  DUE TO (c)	orong He	art desis	J. J. Wh
TION    County   Coun			vere Rhem	motoril arts	here
216. PLACE OF INJURY (e.g., in or about SUICIDE, HOMICIDE (Month) (Day) (Tear) (Hour) 21e. INJURY OCCURRED WHILE ATT NOT WHILE WORK AWORK 2. I hereby certify that I attended the deceased from Work AWORK 2. I hereby certify that I attended the deceased from Work AWORK 2. I hereby certify that I attended the deceased from Grant 1. 1955, to fine 2. I hereby certify that I attended the deceased from Grant 1. 1955, to fine 2. I hereby certify that I attended the deceased from Grant 1. 1955, to fine 2. I hereby certify that I attended the deceased from Grant 1. 1955, to fine 2. I hereby certify that I attended the deceased from Grant 1. 1955, to fine 2. I hereby certify that I attended the deceased from Grant 1. 1955, to fine 2. I hereby certify that I attended the deceased from Grant 1. 1955, to fine 2. I hereby certify that I attended the deceased from Grant 1. 1955, to fine 2. I hereby certify that I attended the deceased from from the causes and on the date stated above.  23a. SIGNATURE 23b. ADDRESS 23b. ADDRESS 24c. LOCATION (City, town, or county) (State)  24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  25a. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCCATTON FROM THE COUNTY AD		IDINGS OF OPERATION		420.1	
WHILE AT NOT WHILE AT WORK 12. I hereby certify that I attended the deceased from function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased alive on function of the last saw the deceased function of	Ia. ACCIDENT (Specify) SUICIDE. HOMICIDE	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street. office bldg., etc.)	21c. (CITY, TOWN, OR TO	WNSHIP) Ct. (COUNT	
22. I hereby certify that I attended the deceased from function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease alive on function of the last saw the decease of the last sa	Id TIME (Month) (Day) (Tear) OF INJURY	WHILEAT ( NOT WHILE	j .	CUR?	
Compared to the field of the fi	2. I hereby certify that I attended alive on June 17, 19.	the deceased from fune	7, 1955, 10 fram		
Burial 6/24/1955 Crowley Com. Ray County Mo.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 483 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MC  Langsford Funeral Home Lee's Summit				1 1 10	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 483 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MC (Langsford Funeral Home Lee's Summit	As. BURTAL, CREMA- TION, REMOVAL (Specify)	1			
Changsiord Funeral Home Lee's Summit	DATE REC'D BY LOCAL   REGISTRAR'S	SIGNATURE /483/	25. FUNERAL DIRECTOR	I'S SIGNATURE	ADDRESS MO
		Langsford	<u> </u>	neral Home I	Lee's Summit

## STATEMENT BY LICENSED EMBALMER

working under my personal supervision...

MB Lamon And

- 101 1 2 195°

P. O. Address P. O. Address P. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.